**Volunteer Application**

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| **PERSONAL INFORMATION** | |
| **Last name First name Middle Initial** | **Best Phone Number** |

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| **Street** | | **E-mail Address** |
| **City State ZIP** | | **Date Completed** |
| Are you over 18 years of age? Yes  No  If no, how old are you? | | |
| What area or age group would you like to volunteer? | | |
| How many minutes/hours (based on the frequency you check) would you like to volunteer?  60 minutes  120 minutes    4 hours  other: | What frequency would you like to volunteer?  Daily  Weekly  One Time  As needed | |
| What day of the week do you want to volunteer?  MondayTuesdayWednesday ThursdayFridaySaturday | What time of day would you prefer to volunteer?   Mornings  Afternoons  Evenings  Specific Time(s) preferred: | |
| Date available to start volunteering:  Date desired to end volunteering: | How did you find out about our organization? | |

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| Do you know any of our current employees, students, or clients?  Yes  No | | | | | | If yes please list those who you know: | | | | | | |
| EDUCATIONAL INFORMATION**Please provide a complete record of all schools and universities attended,** **previously and currently** | | | | | | | | | | | | | |
| High School | | | Location (City, State) of High School | | | | | **Graduated** | | | | | |
|  | | | | | **Yes  No** | | | | | |
| College /Graduate School | | | Name, City and State of College | | | | | **Major(s)** | | | **Degree(s)** | **Other** | |
| **Date From**  **Mo / Yr** | **Date To**  **Mo / Yr** | |
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| PROFESSIONAL LICENSES, CERTIFICATIONS, REGISTRATIONS  (recent history) | | | | | | | | | | | | |  | |  |
| **Therapist**  **Or**  **Teacher** | | **Year/State** | |  | | |  | | |  | | |
| License # | |  | | |  | | |  | | |
| **Other**  **(Please specify)** | | **Year/State** | |  | | |  | | |  | | |
| License # | |  | | |  | | |  | | |
| **SPECIAL ACCOMPLISHMENTS, RECOGNITIONS, AWARDS, PROFESSIONAL ORGANIZATIONS, ETC.**  Pleas list any special skills or interests you would like to utilize or gain experience in while volunteering. | | | | | | | | | | | | |
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| EMPLOYMENT HISTORY – You may attach a resume or complete this section. Provide the following information of your past or current employers, career related volunteer activities, starting with the most recent. | | | | | | | | | | | | |
| Current/Recent Employer | | | | | | | | | | | | |
| Name: | | | | | | | | | Phone: | | | |
| Address: | | | | | | | | | Position: | | | |
| Employed: From: To:  Mo/Yr Mo/Yr | | | | | Immediate Supervisor’s Name and Title: | | | | | | | |
| Supervisor’s Phone # | | | | | Briefly describe major responsibilities: | | | | | | | |
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| Reason for Leaving: | | | | | | | | | | | | |

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| **LIST ANY OTHER WORK RELATED INFORMATION YOU WOULD LIKE CONSIDERED IN YOUR VOLUNTEER APPLICATION** |
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| **ADDITIONAL INFORMATION** | |
| Have you ever been fired from employment or been asked to resign? If yes, please explain. **Yes  No** | |
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| Are you presently under indictment or are you currently a defendant in any criminal proceeding or in the last ten years, have you been convicted of or plead guilty to a felony or non-traffic misdemeanor? (Note: This information will be used for job-related purposes only to the extent permitted by applicable law.) **Yes**  **No**  If yes, briefly describe the details indicating the date, nature and place of the offense and the sentence received. | |
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